



CNA CERTIFICATION/LICENSE VERIFICATION REQUEST

PART I: TO BE COMPLETED BY APPLICANT

Send to your current state of licensure (not Florida). Make Copies as necessary.

Applicant Name _____ SS# _____

Address _____

Name original license was issued under _____

License Number _____ State of _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Nursing.

Applicant Signature _____ Date _____

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PART II: All verifications shall be mailed or sent electronically directly from the state(s) or jurisdiction(s) and must include the following criteria:

- * Typed on an official state form or letterhead
- * Include an official Board seal
- * Signature and title of state Board official

The following information must be included in all verifications:

- * Licensee name
- * License number
- * State or jurisdiction of licensure
- * Level of licensure
- * Dates of issuance/expiration
- * Licensure method (state exam, national exam, endorsement, reciprocity)
- * Licensure status
- * Is license in good standing?
- * Has this license ever been encumbered (denied, revoked, suspended surrendered, limited, placed on probation)?

***Complete verifications must be mailed or sent electronically directly from the official state Licensure to:**

**Florida Certified Nurse Assistant Registry
4052 Bald Cypress Way
Bin # C13
Tallahassee, FL 32399-3252.**

*If this license has ever been encumbered please forward all orders to the Florida Board of Nursing with this form.

Board of Nursing
4052 Bald Cypress Way, BIN C02, Tallahassee, FL 32399-3252
(850) 245-4125 FAX (850) 412-2207
Web address: www.doh.state.fl.us/mqa
E-mail: mqa_cna@doh.state.fl.us